— is Approved for use through 7/31/2008. CMB 0851-0022 U.S. Petant and Tredemark Office; U.S. DEPARTMENT OF COMMERCE: Under the Proprietor's Reduction Act of 1955, no persons are required to respond to a collection of information under displays a wide (OMB control manual).												
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										09/945,318		
CLAIMS AS FILED - PART ((Column 1) (Column 2)								SMALL ENTITY		QR	OTHER THAN SMALL ENTITY	
Ĺ,	FOR	MAG	MUMBER FILED		HUMBER EXTRA		ı	RATE	PEE]	RATE	FEE
(37	CFR 1.16(a))									QR.		110
(37 CFR 1.16(c))		1/10	dinus 20 •		. 56			x		OR	x s	1008
	EPENDENT CLAI CFR 1.15(8))	3	B minus 3 +					× 8		OR	x 3 •	
MULTIPLE DEPENDENT CLASH PRESENT (37 CFR 1.16(d))								+1		O.R	+1	
" If the difference in column 1 is less than zero, enter 10" in column 2.							TOTAL		OR	TOTAL	1718	
1. A CLAIMS AS AMENDED - PART II												
¥7.1101				(Co	kenn 3)		SMALL	ENTITY	OR		R THAN ENTITY	
AMENDMENT A	, ,	CLAIMS REMAINING AFTER AMENDMENT		HICHEST NUMBER PREVIOUSLY PAID FOR		ESENT KTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
	Total profesinece	K	Minus	76	•	\overline{Z}		x 5=		OR	×	~
3	independent (17 CFR 1. leps)		Minus	<u>"3</u>	1			x 1		OR	×1	
A	FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 CFR 1.16(0))									ОЯ		
1/3//05								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	-73	(Column 1) CLAIMS	т	(Column 2) HIGHEST	1	Vmn 3)	1		1	ı		
ENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	FR	SENT TRA		RATE	ADDI- TIONAL FEE		FLATE	ADDI- TIONAL FEE
	Total CFCFR 1.10(c)	. 54	Minus	- 76	•	П		x s=		OR	X 1 -	
	(szlependest (SF CFR 1.160d)	. 2	Minus	3	•	\Box	١	X8 =		OS.	x 5	
AM	PRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(3))							+; -		OR	+, .	
							•	YOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)												
MENDMENT C		REMAINING NUM AFTER PREVX AMENOMENT PAID		HIGHEST NUMBER PREVIOUSLY PAID FOR		SENT CTRA		RATE	ADDI- TIONAL FEE		RATE	ADCI- TIONAL FEE
	Total promisen		Minus		•	•		x 8 •		OR	x 8	
	Independent (3) O'R 1.16(6)	•	Minus	-	•			x s=		OR	x 8 «	
₹	FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18M))							+1		OR	• ••	
										OB.	TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the "1-tighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

** If the "1-tighest Number Previously Paid For IN THIS SPACE is less than 3, enter "7.

The "1-tighest Number Previously Paid For IN THIS SPACE is less than 3, enter "7.

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The "1-tightest Number Previously Paid For IN This Space In This Space In This Paid Thi

Byou need essistance in completing the form, cell 1-800-PTO-9199 and select option 2.